

Case Number:	CM13-0056341		
Date Assigned:	06/09/2014	Date of Injury:	06/01/2000
Decision Date:	07/29/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 years old male with an injury date on 08/01/2000. Based on the 10/17/2013 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar spondylosis L3 through S1, per MRI September 2013. 2. Short acting opioid therapy. 3. High functional status. 4. Hypertension. The exam on 10/17/2013 reveals the patient "back pain is increased with sitting and driving and is worsen in the morning." Pain level is at 6 out of 10. Lumbar range of motion is limited in forward bending. Positive tenderness with palpation to the lumbar paraspinous spaces bilaterally. On 09/18/2013 report, the patient pain level is at 7 out of 10. The MRI on 09/06/2013 shows "mild multilevel lumbar spondylosis from L3-L4 through L5-S1. No evidence of focal disc protrusion or central/neural foraminal canal stenosis." The physician is requesting 12 sessions of physical therapy. The utilization review determination on 11/06/2013 is being challenged. Th physician is the requesting provider, and he provided treatment reports from 03/21/2013 to 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: According to the 10/17/2013 report by [REDACTED] this patient presents with back pain that is worsen with sitting and driving. The treater is requesting 12 sessions of physical therapy. The UR denial letter states "there is documentation that the intention of the request was to provide post injection therapy in agreement to a modified treatment plan that includes PT X2," UR approved 2 sessions of therapy. Review of the reports do not discuss recent or prior therapy treatments. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested 12 sessions exceed what is allowed by the MTUS guidelines. The treater also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. Recommendation is for denial.